

Summary of Changes - 837 Institutional Version 3051 to 4010

GS04 date expanded from YYMMDD to CCYYMMDD

1-010-BGN replaced with **HEADER 010 BHT**

1-015-REF Version Number replaced by **HEADER 015 REF TRANSMISSION TYPE IDENTIFIER**

1-020-NM1 replaced by **1000A 020 NM1 SUBMITTER NAME**

1-025-N2 deleted

1-030-N3 deleted

1-035-N4 deleted

1000B NM1 RECEIVER NAME added

2000A HL BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL added

2-005-PRV replaced with **2000 003 PRV BILLING/PAY-TO PROVIDER SPECIALTY INFORMATION**

2000A 010 CUR FOREIGN CURRENCY INFORMATION added

2-015-NM1 replaced with **2010AA 015 NM1 BILLING PROVIDER NAME**

2-025-N3 replaced with **2010AA BILLING PROVIDER ADDRESS**

2-030-N4 replaced with **2010AA BILLING PROVIDER CITY/STATE/ZIP**

2-020-N2 deleted

2010AA 035 REF BILLING PROVIDER SECONDARY IDENTIFICATION added

2010AA 035 REF CREDIT/DEBIT CARD BILLING INFORMATION added

2010AA 040 PER BILLING PROVIDER CONTACT INFORMATION

2010AB 015 NM1 PAY-TO PROVIDER NAME added

2010AB 025 N3 PAY-TO PROVIDER ADDRESS added

2010AB 030 N4 PAY-TO PROVIDER CITY/STATE/ZIP CODE added

2010AB 035 REF PAY-TO SECONDARY IDENTIFICATION added

2000B 001 HL SUBSCRIBER HIERARCHICAL LEVEL added

2-045-SBR replaced with **2000B 005 SBR SUBSCRIBER INFORMATION**

2-335.B-NM1 replaced by **2010BA 015 NM1 SUBSCRIBER NAME**

2-335.B-N3 replaced by 2010BA 025 N3 SUBSCRIBER ADDRESS

2-340.B-N4 replaced by 2010BA 030 N4 SUBSCRIBER CITY/STATE/ZIP CODE

2-115-DMG replaced with 2010 BA 032 SUBSCRIBER DEMOGRAPHIC INFORMATION

2000C 001 HL PATIENT HIERARCHICAL LEVEL added

2-090-PAT replaced with 2000C 007 PAT PATIENT INFORMATION

2-125-REF replaced with **2300 180 REF MEDICAL RECORD NUMBER**

2010CA 035 REF PATIENT SECONDARY IDENTIFICATION NUMBER added

2-135.A DTP replaced with 2300 135 DTP STATEMENT DATES

2-135.B-DTP replaced with 2300 135 DTP ADMISSION DATE/HOUR

2300 155 PWK CLAIM SUPPLEMENTAL INFORMATION added

2-135.D DTP replaced with 2300 CR602 HOME HEALTH CARE INFORMATION

2-135.E DTP replaced with 2300 CR605 HOME HEALTH CARE INFORMATION

2-135.F DTP replaced with 2300 CR609 HOME HEALTH CARE INFORMATION

2-135.G DTP replaced with 2300 CR613 HOME HEALTH CARE INFORMATION

2-135.H DTP replaced with 2300 CR612 HOME HEALTH CARE INFORMATION

2-135.I DTP replaced with 2300 CR618 HOME HEALTH CARE INFORMATION

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2-135.J DTP replaced with 2300 CR619 HOME HEALTH CARE INFORMATION

2-135.K DTP replaced with 2300 CR614 HOME HEALTH CARE INFORMATION

2300 160 CN1 CONTRACT INFORMATION added

2300 175 AMT CREDIT/DEBIT CARD MAXIMUM AMOUNT added

2300 180 REF ADJUSTED REPRICED CLAIM NUMBER added

2300 180 REF REPRICED CLAIM NUMBER added

2300 180 REF CLAIM ID FOR CLEARINGHOUSES AND OTHER TRANSMISSION
INTERMEDIARIES added

2-180.B REF replaced with 2300 180 REF DOCUMENT IDENTIFICATION CODE

2300 180 REF SERVICE AUTHORIZATION EXCEPTION CODE added

2300 180 REF PEER REVIEW ORGANIZATION (PRO) APPROVAL NUMBER added

2-355.AA REF replaced with 2300 180 REF PRIOR AUTHORIZATION OR REFERRAL #

2-125-REF replaced with 2300 180 REF MEDICAL RECORD NUMBER

2-300.B-AMT replaced with 2300 175 AMT PAYER ESTIMATED AMOUNT DUE

2-300.A-AMT replaced with 2300 175 AMT PAYER PRIOR PAYMENT AMOUNT

2300 155 PWK CLAIM SUPPLEMENTAL INFORMATION added

2010 CA 035 REF PROPERTY AND CASUALTY CLAIM NUMBER added

2010 CA 035 REF PATIENT SECONDARY IDENTIFICATION NUMBER added

2300 180 REF DEMONSTRATION PROJECT IDENTIFIER added

2300 185 K3 FILE INFORMATION added

2010 BA 035 REF SUBSCRIBER SECONDARY INFORMATION added

2010 BA 035 REF PROPERTY AND CASUALTY CLAIM NUMBER added

2010 BB 015 NM1 CREDIT/DEBIT CARD ACCOUNT HOLDER NAME added

2010 BB 035 REF CREDIT/DEBIT CARD INFORMATION

2-130 CLM replaced with **2300 130 CLM CLAIM INFORMATION**

2-135.C-DTP replaced with 2300 135 DTP DISCHARGE HOUR

2-140-CL1 replaced with 2300 140 CL1 INSTITUTIONAL CLAIM CODE

2-190.B-NTE replaced with 2300 190 NTE CLAIM NOTE

2-190.A-NTE replaced with 2300 190 NTE BILLING NOTE

2-220.A-CRC replaced with 2300 220 CRC HOME HEALTH FUNCTIONAL LIMITATIONS

2-220.B-CRC replaced with 2300 220 CRC HOME HEALTH ACTIVITIES PERMITTED

2-220.C-CRC replaced with 2300 220 CRC HOME HEALTH MENTAL STATUS

2-225.A-H1 replaced with 2300 231 PRINCIPLE, ADMITTING AND E-CODE DIAGNOSIS
INFORMATION

2300 231 H1 DIAGNOSIS RELATED GROUP (DRG) INFORMATION added

2-225.A-H103-H110 replaced with 2300 231 H1 OTHER DIAGNOSIS INFORMATION

2-225.B-H1 replaced with 2300 231 H1 PRINCIPLE PROCEDURE INFORMATION

2-225.B-H102-H106 replaced with 2300 231 OTHER PROCEDURE INFORMATION

2-225.D-H1 replaced with 2300 231 OCCURRENCE SPAN INFORMATION

2-225.C-H1 replaced with 2300 231 OCCURRENCE INFORMATION

2-225.F-H1 replaced with 2300 231 VALUE INFORMATION
2-225.E-H1 replaced with 2300 231 CONDITION INFORMATION
2-225.F-H1 replaced with 2300 231 TREATMENT CODE INFORMATION

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2-240.A-QTY replaced with 2300 240 CLAIM QUANTITY
2-240.B-QTY replaced with 2300 240 CLAIM QUANTITY
2-240.C-QTY replaced with 2300 240 CLAIM QUANTITY
2-240.D-QTY replaced with 2300 240 CLAIM QUANTITY
2300 241 HCP CLAIM PRICING/REPRICING INFORMATION added
2-243-CR7 replaced with 2305 CR7 HOME HEALTH CARE PLAN INFORMATION
2-244-HSD replaced with 2305 HSD HEALTH CARE SERVICES DELIVERY